

Summary of Medical/Clinical Quality Indicators (DDD)

This attachment contains a list of Quality Indicators (QI) used by the Division of Developmental Disabilities as of November 2012. QIs for each division will be finalized during the requirements validation activities.

#	DESCRIPTION	HOW WE MONITOR THROUGH QI	FORM USED/QI INDICATOR FROM QI DICTIONARY	WHO MONITORS	SAMPLE SIZE *HOW OFTEN	FOLLOW UP	SUPPORTS DOJ PROVISION
1	Ensure high quality health care services are provided to all individuals.	QI Indicators: Immunizations: monitors the rates of completion of required, scheduled immunizations.	B1 Immunizations	DON, reported to Medical Department and BSDC QI Quarterly.	Quarterly	BSDC QI tracks actions	D95 D96
		Annual Physical exams: reports on the rates of completion of annual physicals within 30 days of scheduled date.	B2 Annual Physical exams Rates of completed	(Same as above)	Quarterly	BSDC QI tracks actions	
		Dental exams and oral hygiene: Portion of dental exams which rate quality of oral hygiene as good.	B3 Dental exams and oral hygiene,	BSDC QI, Medical Department	Quarterly	BSDC QI tracks actions	
		Hospitalizations and transfers: monitors for trends in the number of transfers to the hospital and specifically identifies individuals with more than 1 visit to Emergency Room or Hospital for treatment of a related condition.	B4 Hospitalizations and transfers,	(Same as above)	Quarterly	BSDC QI tracks actions	
		Rates of infection: Key infections (pneumonia, UTI,	B5 Rates of infection	Infection Control Committee,	Monthly	BSDC QI tracks	

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		<p>MRSA, C-difficle, conjunctivitis, otitis media) and all infections are reported, analyzed and trended. In connection with this indicator, a report is generated from the Home Leader Audits trending the "significant concerns" for infection control measures not being followed on the homes.</p> <p>Pressure Ulcer rates: monitors the number of individuals who have pressure ulcers per 1000 patient days.</p> <p>BMI less than 19: monitors the percent of individuals whose Body Mass Index (BMI) is less than 19. and BMI greater than 29: monitors the percent of individuals whose BMI is greater than 29.</p> <p>Specific CNT in QI Department Indicators Treatment of Individuals with intractable epilepsy & if considered for VNS: Proportion of individuals with intractable epilepsy (IE) who either did not undergo neuro-stimulative (e.g. VNS) or--- ablative interventions or have not been considered for one or</p>	<p><i>Form #12 Individual Infection Control Report</i></p> <p>B6 Pressure Ulcer rates</p> <p>B7 BMI less than 19</p> <p>B8 BMI greater than 29</p> <p>C1 Treatment of Individuals with intractable epilepsy & if considered for VNS</p>	<p>BSDC QI, Medical Department</p> <p>Wound Nurse, Medical Department and BSDC QI</p> <p>Registered Dieticians, Medical Department and BSDC QI</p> <p>Reported to Neurologist; Medical Department and BSDC QI</p>	<p>Quarterly</p> <p>Weekly & PRN Quarterly</p> <p>All individuals Quarterly</p> <p>Tracked monthly Reported Annually</p>	<p>actions</p> <p>BSDC QI tracks actions</p> <p>BSDC QI tracks actions</p> <p>Medical Director if concerns</p>	

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		<p>the other. This is compared to the number of individuals identified with IE (10 or more seizures in past 12 months).</p> <p>Rates of antithrombotic medications used for individuals in high cardiovascular risks: At the time of the annual physical, Medical Staff determine if an individual is at moderate or high cardiovascular risk by using the Framingham Health Study Calculator. Those individuals' identified as moderate or high risk will be reviewed for use of anti-thrombotic medications.</p> <p>Rate of Antipsychotic Polypharmacy: based on Medication Indicator Reports are completed by Pharmacist quarterly, and Annual Drug Review completed by Medical Staff and reviewed with IDT. The individuals who receive 2 or more antipsychotic medications are identified. This is compared to the number of individuals who receive antipsychotic therapy. Document justification for all individuals who receive two or more antipsychotic medications.</p>	<p>C2 Rates of antithrombotic medications used for individuals in high cardiovascular risks</p> <p>C3 Rate of antipsychotic Polypharmacy</p>	<p>Medical Department, BSDC QI</p> <p>Pharmacy & Therapeutics (P & T) Committee Medical Department, BSDC QI and specific IDT</p>	<p>Annually</p> <p>All individuals who receive 2 or more antipsychotic medications</p>	<p>Medical Director</p> <p>CNT in QI Department tracks that this is addressed by Psychiatrist and IDT</p>	

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		<p>Rate of Anti-epileptic drugs (AEDs) polypharmacy: based on Medication Indicator Reports completed by the Pharmacist as described above, this indicator monitors the number of individuals who receive 2 or more AEDs compared to the number of individuals who have been diagnosed with epilepsy.</p> <p>Rates of intractable seizures: reports the number of individuals who have intractable seizures (10 or more seizures in the past 12 months) over the number of individuals diagnosed with epilepsy.</p> <p>Rates of constipation: monitors the number of individuals who have the diagnosis of constipation over the number of individuals at the facility. Also reported in this report is the number of individuals who have bowel obstruction.</p> <p>Rates of laxative polytherapy: based on Medication Indicator Reports completed by the Pharmacist as described above, this indicator monitors the number of individuals who receive 2 or</p>	<p>C4 Rate of AEDs polypharmacy</p> <p>C5 Rates of intractable seizures</p> <p>C6 Rates of constipation</p> <p>C7 Rates of laxative polytherapy</p>	<p>Pharmacy & Therapeutics Committee, Medical Department, BSDC QI and specific IDT</p> <p>CNT in QI Department, Medical Department, Neurologist, and BSDC QI</p> <p>Medical Department, BSDC QI</p> <p>P & T Committee, Medical Department, BSDC QI and IDT</p>	<p>All individuals who have been diagnosed with epilepsy Quarterly</p> <p>All individuals who have seizures Monthly, Quarterly and Annually to BSDC QI</p> <p>Quarterly for Bowel Obstruction</p> <p>All individuals who receive laxatives Quarterly</p>	<p>CNT in QI Department tracks that this is addressed by Neurologist, PCP and IDT</p> <p>CNT in QI Department tracks that this is addressed by Neurologist, PCP and IDT</p> <p>CNT in QI Department tracks that this is addressed by PCP and IDT</p> <p>Reviewed with PCP and IDT; tracked by CNT in QI Department</p>	

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		<p>more laxatives and prokinetic polytherapy.</p> <p>Dental Department: Information tracked in the Dental Department includes the number of falls, the number of infections related to treatment in Dental Clinic, rate of antibiotic usage for prophalaxis and percent of emergency transfers from Dental. External reviews of Dental charts are reviewed by an external auditor when general anesthesia is used to provide dental treatment.</p> <p>Public Health Clinic: In addition to the Medical Peer Reviews and Nursing Peer Reviews monitoring documentation, the Public Health Clinic is developing QI on:</p> <ol style="list-style-type: none"> 1. When an individual transfers from ICF to ICF, that documentation is completed in a specified time frame 2. Tracks return of special reports: lab, diagnostic tests, reports from consultants for timeliness and identify gaps and 	<i>Form # 21 Dental Peer Review</i>	<p>Medical Department and BSDC QI and IDT for the individual</p> <p>Medical Department and BSDC QI</p>	<p>Completed Quarterly and reported annually</p> <p>Sample size to be determined Quarterly</p>	<p>CNT in QI Department tracks actions if needed.</p> <p>CNT in QI Department tracks actions if needed.</p>	

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		<p>reasons for the gaps in time.</p> <p>3. Tracks encounter forms and check that documentation by Medical Staff supports the medical diagnosis.</p>					
2	Monitor comprehensive Health Care Plan; Integrated Health Care Plan, for completeness and ensure appropriate implementation.	<p>QI Indicators:</p> <p>Medical Peer Review: Primary Care Providers (PCP), Neurologist and Psychiatrists complete the Medical Peer Review form on each of their peers quarterly. This form includes review of the active problem lists, nursing care plan, allergies, medical orders, adherence to standards of assessment and standards of practice-management plan. Also reviewed are documentation of referrals, labs and diagnostic tests and documentation in general. A feedback form is completed if corrections are needed by the provider and addressed by the Medical Director.</p> <p>Nursing Peer Review: audits that active medical problems are on the Nursing Care Plan (NCP), the goals and review by the PCP; It also reviews consistent documentation of allergies, complete</p>	<p>QI indicator C11 <i>Medical Peer Review</i> Form #7 <i>Medical Peer Review Form</i></p> <p>Form #8 <i>Peer Review Feedback Form</i></p> <p>Form #9 <i>Nursing Peer Review Form</i></p>	<p>Medical Department, and reported to BSDC QI</p> <p>Director of Nursing (DON), Medical Department and reported to BSDC QI</p>	<p>Sample--7 Quarterly</p> <p>45 completed Quarterly by Nursing Supervisors</p>	<p>Action taken by Medical Director tracked by CNT in QI Department</p> <p>DON reviews and entered into database to analyze and identify trends. Actions</p>	<p>D92 D104</p>

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		<p>transcriptions of medical orders and documentation according to Standards of Practice related to progress notes, quarterly nursing evaluations, annual nursing evaluations, seizure needs and Plans of Service for Medication/Treatments.</p> <p>Reviews completed by Clinical Nurse Trainers in QI Department:</p> <p>Chart Reviews—Medical: audits of the Health Care Record of individuals assigned to each PCP. This review reflects the Medical Peer Review described above.</p> <p>Chart Audit-Health Record (DSPs) Include the integrated Health Plan by monitoring the documentation of interventions provided by the Direct Support Personnel (DSPs). This includes the review of daily care records, positioning records, daily intake records, MARS and TARS, and</p>	<p><i>Form #10 Chart Reviews-Medical</i></p> <p>Form #11 Chart Audit-Health Record-DSPs</p>	<p>Medical Department and reported to BSDC QI</p> <p>Home Managers, Facility Administrators, CNT in QI Dept. and reported to BSDC QI</p>	<p>6 completed by CNT in QI Department Quarterly</p> <p>15 completed Quarterly</p>	<p>required completed at time of audit by Nursing Supervisor.</p> <p>CNT in QI Department tracks actions taken by managers on DSP audits</p> <p>CNT in QI Department tracks actions taken by managers on DSP audits</p>	

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		documentation in the Interdisciplinary Progress Notes.					
3	Quality Review of Nursing Care Plans and ensuring competency based training to staff.	<p>Reviews of Nursing Care Plans (NCP) are included in the Nursing Audits completed by Nurse Supervisors and CNT in QI Department. NCPs are also reviewed using the following audit tools: Chart Audits: Health Record—Medical completed by CNT in QI Department; Chart Audits review the NCP closely for Nursing Diagnosis and interventions related to the integrated Health Care Plan; and, the NCP is reviewed by PCP on the Medical Peer Review.</p> <p>Health Services Coordinator position will augment training of DSPs. Competency checks are in development stage, will be implemented by the end of the year.</p>	<p>Form #9 Nursing Audit Form #10 Chart Reviews-Medical</p>	DON, Medical Department, BSDC QI	Nursing-45 Medical -7 CNT in QI Department- 26 Quarterly	<p>Tracked by DON and CNT in QI Department for recommended actions.</p> <p>Competency tracked by Training Department, monitored by Home Manager, Nurse, and ICF Administrator</p>	D98 D99
4	Tracking of refractory seizures.	<p>Quality Indicators: Treatment of individuals with intractable epilepsy re. VNS considered. See description of indicator under #1 above.</p> <p>C5 Rates of individuals with intractable epilepsy</p>	C1 Treatment of individuals with intractable epilepsy re. VNS considered.	Neurologists, Medical Department, BSDC QI	<p>All individuals who have 10 or more seizures in the past 12 months</p> <p>Annually</p>	Tracked monthly and reported to Neurologist as indicated	D101 & D103

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		Tracked on excel data base and includes 3-4 years of data on each individual. Monitor number of refractory seizures per time period per person. Starting October 1, 2012 seizures are being entered into AVATAR by Nurses.					
5	Neurologist shall document the rationale and need for AEDs	Neurologists complete peer reviews look at documentation required specific and following standards of practice.	Form #7 Medical Peer Review form	Medical Director	2 per quarter Quarterly	Tracked by CNT in QI Department	D102
6	System to monitor health care outcomes and make and implement changes in the NCP and interventions.	Nursing Peer Review audits NCP. This audit reviews the changes in health outcome and is reviewed by IDT at least quarterly. Description of the Nursing Peer Review is found in # 2 above. Chart Audits of the daily documentation and care given by Direct Support Professional completed by CNT in QI Department. This includes monitoring if interventions are being done and documented.	Form #9 Nursing Peer Review Form #11 Chart Audits-Health Record (DSP's)	DON, Medical Department, BSDC QI, IDT Home Manager, Nursing, ICF Administrators BSDC QI	See #2 above See #2 above	See #2 above See #2 above	D113
7	Monitor nursing assessments and documentation. Where problematic trends are identified, monitor	Nursing Peer Review audits NCP; CNT in QI Department, as well as Nursing Supervisors Nursing Peer Review including with DSP audits and Medical audits. Problematic trends are	Form #9 Nursing Peer Review	DON, Medical Department, BSDC QI	See #2 above	See #2 above	D115

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	corrective action plan.	followed and corrective action plans completed. Description of the Nursing Peer Review is found in #2 above.					
8	Monitoring Medication errors	<p>QI Indicators: Medication Error Rates: The rate of medication errors is determined by the number of medication errors per quarter over the number of individuals residing in the ICF multiplied by the number of days in the observation period and the number of prescriptions per day. The number of medication errors and types of medication errors are also included in this review.</p> <p>Medication Error with Harmful Outcomes Medication Errors are reviewed individually at the ICFs IRT. The Home Manager is notified and reviews at time of incident. CNT in QI Department tracks the number of medication/treatment errors per person and communicates with the Nursing Supervisor and Home Manager for follow-up.</p>	<p>A12 Medication Error Rates</p> <p>Form #14 <i>Medication/Treatment Incident Report</i></p> <p>A13 Medication Error with Harmful Outcomes</p>	Reviewed at IRT post occurrence of error; CNT in QI Department sends out a list of staff who have multiple medication errors; Medical Department and BSDC QI	<p>At time of event—IRT.</p> <p>Monthly and PRN</p> <p>Quarterly</p>	Staff who make three errors are in-serviced and competency check performed by Nurse before staff is allowed to pass meds again.	D116

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9	Infection control monitoring	<p>QI Indicators:</p> <p>Rates of Infection monitors the number of all infections and key infections. See # 1 above: Rates of infection.</p> <p>Home Leader Audits are summarized regarding compliance with infection control measures with "significant concerns". These two reports are compared to see if there is any correlation between the two reports.</p>	<p>B5 Rates of Infection</p> <p><i>Form #15 Home Leader Audits</i></p>	Infection Control Committee, Medical Department, BSDC QI	Monthly, Quarterly, ICF Admin tracks HL audits weekly and monthly, BSDC QI tracks quarterly and action plans	BSDC QI tracks actions	D117
10	Ensure that the IDT to address nutritional and physical support issues meets on a regular basis and includes representation by all appropriate medical/clinical staff and direct care workers from the particular individual's unit and any other specialists.	Monitoring at the Department level is done quarterly using the PNM Audit Form : It addresses attendance of PNCS meetings by discipline, number of meetings held, number of individuals in different status change/high risk categories seen by PNCS, action plan contents appropriate (4 aspects); POS aspects of compliance (23 different aspects reviewed; and enteral nutrition (4 aspects reviewed).	<i>Form #16 PNM Audit Form</i>	PNCS Director	Varied sample—see form Quarterly	PNCS Leadership Team	D121
11	Monitor physical and nutritional needs and address critical needs	At the Departmental level, POS Monitoring is done and checks the following: urgent and non-urgent triggers, is the	<i>Form #17 POS Monitoring</i>	PNCS Director Results reviewed with Health Care	Quarterly	PNCS tracks actions completed	D125

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	appropriately.	most current POS being used, staff's ability to identify triggers, and what to do if a trigger is seen, is adaptive equipment used, appropriate food texture and consistency, positioning according the POS, are strategies being followed, issues that need to be corrected, are issues corrected, Is additional follow up required and if safety of the individual compromised, and efficacy of strategies now used. POS monitored for oral care, dining, positioning and medication provision.		Coordinators			
12	Monitor staff knowledge and performance with regard to proper head alignment positioning, and cleanliness during tooth-brushing, dental exams, medication administration, mealtime, and other times to minimize aspiration risk and risk of infection.	<p>PNCS monitors POS for dining, oral care and medication provision. Infection control is included in this monitoring form as well as positioning and proper alignment.</p> <p>Home Leaders and Nurses do medication observation on the homes by observing Medication Aides providing medications. Effective 11/1/12 Nurses will complete medication observations on each Medication Aide every 6 months.</p>	<p>Form #17 POS monitor</p> <p>Form #18 Medication Observation form</p> <p>Form #15-Home Leader Audit</p>	<p>(See above)</p> <p>Home Managers, Nursing, CNT of QI Department</p>	<p>(See above)</p> <p>ICF Admin tracks HL weekly and monthly, BSDC QI tracks quarterly and action plans</p>	<p>(See above)</p> <p>BSDC QI tracks actions completed</p>	D128

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13	Monitoring Direct/Indirect Therapies	PT/OT, SPL have peer reviews that monitor documentation, assessment and recommended therapy interventions, therapy goals (outcomes), monthly and quarterly summaries and annual assessments.	<i>Form # 19 PT/OT Peer Review</i> <i>Form # 20 SLP Peer Review</i>	Clinical Services Director, Medical QI, BSDC QI	Quarterly Annually	CNT of QI Department track actions completed	D135
14	Monitor Speech, Occupational and Physical Therapy to ensure achievement of functional outcomes.	Peer reviews developed for each of the following disciplines: OT/PT, SPL as noted in #13 above. In addition, at the departmental level, OT/PT track: <ol style="list-style-type: none"> 1. If referrals are completed on time, if annuals are completed on time, percent of late responses to referral. These are reported to their supervisors weekly. 2. Staff Development records completion of competencies in Therap. Competencies are tracked by staff person observed. In addition the name of the individual with whom the competency was demonstrated is tracked. 		Clinical Services Director	Weekly	Clinical Services Director tracks	D136

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		QI Indicator: Functional and/or Language Communication Assistance Observations are made during day services and time at home. Looks at accommodations made for individuals with vision, hearing, speech, and for physical impairments. Ensures special equipment or devices all in good repair and are used appropriately.	D4 Functional and/or Language Communication Assistance Form #15 Home Leader Audit	Home Leaders, Shift Supervisors	Weekly, monthly and quarterly samples through home and QI audits	ICF Administrator tracks weekly and monthly, BSDC QI tracks quarterly and action plans	
15	Ensure comprehensive assessment of individuals who need speech therapy and/or communication supports.	SLP Peer review: includes assessments, impressions, daily needs for communication and appropriateness of therapy and interventions. Other items evaluated are therapy goals clearly identified/measurable, monthly summaries completed on time, data included in the document summary, analysis. It monitors the annual assessment as to current, individual specific goals, measurable goals and strategies identified for community integration. At the department level, speech referrals and responses to referral are tracked for timely completion. Speech evaluations are required to be done annually.	Form #19 SLP Peer Review	Clinical Services Director, Medical Department and BSDC QI	2-3 Quarterly	Clinical Services Director tracks	D140

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16	Internal Mortality Review	QI Indicator: Rates of timely completion of internal mortality reviews: monitors the timely completion of internal mortality reviews.	C9 Rates of timely completion of internal mortality reviews	Medical Department, BSDC QI and IDT for specific individual	All deaths Quarterly and PRN.	CNT in QI tracks actions	D106
17	External mortality reviews	QI Indicator: Rates of timely completion of External Mortality Reviews: reports the rate of timely completion of external mortality reviews (within 45-60 days from receipt of full documentation to external auditor).	C10 Rates of timely completion of External Mortality Reviews	Medical Department; BSDC QI	All deaths at BSDC Quarterly and PRN	CNT in QI tracks actions	D107
18	Ensure Implementation of mortality review recommendations.	Internal Mortality Review Committee at BSDC will review recommendations made by the External Mortality Review Group and identify actions needed and set a timeline for completion. CNT in QI Department as part of the Medical Department will evaluate implementation.	See #17 above	Medical Department; BSDC QI	All deaths at BSDC; PRN	CNT in QI Department to evaluate and verify completion of actions.	D108